

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 191074091	FILING DATE		
							APPLICANT(S)			
CLAIMS										
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*	*	*
IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
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							TOTAL IND.			
							TOTAL DEP.			
							TOTAL CLAIMS			

15

360 (3-78)

•MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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